

A close-up, warm-toned photograph of a man with dark, curly hair holding a baby. The man is looking down at the baby with a gentle expression. The baby is wearing a yellow garment with red polka dots and is looking towards the left. The background is bright and out of focus.

Children's World

Year in Review 1992

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Year 4 Review



Message from the Chairman and President



George H. Kidder, chairman of the Board of Trustees, left, and David S. Weiner, president

At Children's Hospital we spend countless hours looking for ways to improve our service, resolve problems, and respond to the specific needs of patients and families. We ask questions, we hear concerns, and we seek out solutions.

Do patients and families have too long a wait in Emergency Services? In Admitting? For clinic appointments? Teams at Children's are gathering information, observing families, and identifying the hurdles and the hold-ups. New systems have been implemented to enhance patient flow, resulting in decreased waiting time in many areas. And we continue to study ways to further decrease the time families must wait for services.

Are there enough parking spaces to accommodate all the families of disabled patients who come to Children's? Staff from Parking and Transportation last year evaluated the growing demand for parking for disabled patients. A parking lot adjacent to the hospital was redesigned and staffed to ensure that sufficient space would be available for families with special parking needs.

Is a patient not hungry when the meal is served? Staff in Nutrition and Food Service have developed a snack pack that can be delivered to the bedside when the patient feels like eating.

Listening is what we do well at Children's. Only by taking the time to listen can we improve the services we provide to patients and families. We take to heart all comments we receive from those we serve — those in the best position to evaluate us.

We carefully review information from the surveys sent to families following discharge, and we have addressed many of the concerns expressed so candidly. This year, we expanded our survey program to include patients and families who visit outpatient programs, and we will factor the information we receive into our decisions as we chart the direction for our growing ambulatory services.

Information gathering, in fact, was a hallmark of fiscal year 1992, as Children's launched an initiative called Operations Improvement (OI), which provided a systematic framework for looking carefully and thoughtfully at the way this hospital works. Throughout the summer and into the fall, employees and staff from every department examined practices, processes, and problems. They asked tough questions, and they probed, searched, and analyzed. The objective was to find opportunities for improvement, make recommendations for positive changes, and help Children's become a stronger, more cost-effective enterprise.

At no time in the hospital's history has controlling costs while maintaining quality been so important. Fiscal year 1992 marked the inauguration of Chapter 495, Massachusetts' new health care reimbursement law, and hospitals had an opportunity to see firsthand a system driven by the competitive forces of the marketplace. Under Chapter 495, hospitals compete for patients on the basis of service and cost, individually negotiating rates with third-party payors — payors in search of the lowest prices.

As a pediatric tertiary care teaching hospital, Children's is expensive — more expensive than other hospitals mainly because of the high costs associated with providing care for children. Also driving up the costs of care are the severity and complexity of illnesses treated, investment in technology, and costs related to teaching and research. At the same time, the public is demanding that health care costs be controlled. Pressures from individuals, third-party payors, government, and businesses to curb spiraling costs have intensified.

Operations Improvement has helped Children's figure out how to respond to these often-conflicting forces. And the results of OI are beginning to emerge. Children's is restructuring and reorganizing

work, realigning and redefining responsibilities, and making changes — large and small. Children's employees and staff have found ways to reduce the hospital's expense base by more than \$17 million over the next two years while remaining responsive to those we serve, strengthening relationships, and maintaining the high-quality services for which we are known.

**We take to heart all
comments we receive
from those we serve
— those in the best
position to evaluate us.**

OI's success can be credited directly to the employees and staff who have been committed to the process. Inspired by the mission of excellence in pediatrics, Children's people are truly the strength of this great institution. It is their ongoing accomplishments that have kept Children's at the forefront of pediatric medicine.

This year brought the transfer of leadership in several clinical departments. Paul R. Hickey, M.D., who has served in Children's Department of Anesthesia for more than a decade, assumed the role of anesthesiologist-in-chief, while Mark A. Rockoff, M.D., was named associate chief of Anesthesia and medical director of Operating Rooms. In another significant change, Donald R. Kirks, M.D., joined Children's staff this year as radiologist-in-chief after directing the Radiology Department at Children's Hospital Medical Center in Cincinnati. Orah S. Platt, M.D., in March took over the role of director of Clinical Laboratories, coordinating operations and leading a multi-faceted program that serves virtually every clinical department.

In fiscal year 1992, Children's undertook several construction and renovation projects to help fulfill the ever-growing need for space. Last spring, construction began at 1295 Boylston St. to renovate that facility into office space for Finance, Media Services, Information Services, and the Data Center. In addition, the ground floor will house retail space to serve the Fenway community.

Children's and Beth Israel teamed up this year on plans to establish a satellite center in Lexington for both children and adults. With a scheduled opening in the fall of 1993, the new facility will replace Children's 3-year-old Specialty Care Center, which is operated in another nearby Lexington location. The additional space and

resources offered in the new center, located at the corner of Hartwell and Bedford streets, will enable Children's to add day surgery to the services it now offers in Lexington.

Children's has long been committed to helping to meet the evolving health care needs of its community. Recently, plans were announced for construction of a new Martha Eliot Health Center, Children's neighborhood health service, located in the Bromley-Heath community in Jamaica Plain. The new health center, to be completed in 1994, will be situated on a five-acre lot near Martha Eliot's current facility. The development of this parcel, which will also house a Purity Supreme supermarket, clearly illustrates the value of hospitals, business, and the city working together for the benefit of the community.

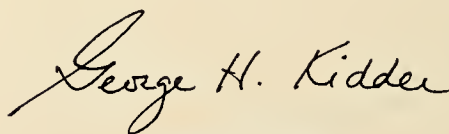
In the summer of 1992, the hospital's Comprehensive Child Health Program, which serves the primary care needs of many children from the inner city, moved into a new and spacious facility on the ground floor of the Hunnewell Building. This bright and welcoming center provides more treatment rooms, comfortable waiting areas filled with toys and activities, and much-needed conference and office space for staff.

Also in 1992, responding to disturbing infant mortality rates in Boston, Children's launched an effort called Healthy Connections, which links inner-city mothers who deliver at Brigham and

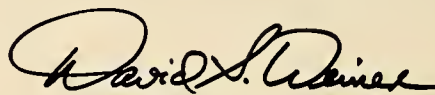
Women's or Beth Israel hospitals with a nurse practitioner from Children's. The nurse practitioner coaches the new mothers in caring for, feeding, and understanding the needs of their babies. Before a mother is discharged from the birth hospital, Healthy Connections staff members make sure that her baby has an appointment for a routine check-up. Staff also provide community outreach, connecting new mothers with neighborhood-based support services.

The programs, people, and projects mentioned above represent just a few highlights of 1992. Others are outlined in the pages of this publication. These accomplishments are impressive indeed, showing that Children's strength lies in its collective work — the dedication of employees and volunteers; the talent of its professional staff; the leadership of its management and board; and the support of its loyal overseers and donors.

Providing the inspiration for this work are the patients and families who put their trust in Children's Hospital. We all must continue to listen to them closely and make every decision, every change with their best interests in mind. Throughout 1992 we remained steadfastly committed to protecting and preserving this most valued and critically important of our relationships. And we promise to carry this commitment into the future.

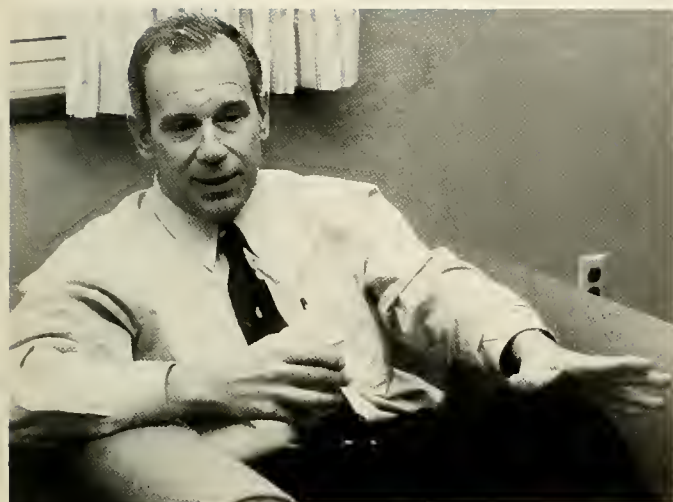


George H. Kidder
Chairman of the Board



David S. Weiner
President

David S. Weiner – A Quarter Century of Service



In 1967, David Stephen Weiner arrived at Children's, armed with a master's degree in public health from Yale and experience that included a year's training in an administrative residency at Beth Israel Hospital and two years as an officer in the Commissioned Corps of the U.S. Public Health Service. Eager to tackle his new responsibilities in ambulatory care, the 26-year-old administrator set off on a career at Children's that would eventually lead him to the presidency of the nation's largest pediatric medical center and a prominent leadership role in health care.

In 1992, Weiner marked the completion of his 25th year at Children's, serving the last 15 years as president. In the following conversation, Weiner offers some reflections on his tenure, milestones, and memories.

When you were named president, you were quite young — 36 years old. How did you feel about the responsibilities facing you?

I remember feeling quite humbled by the challenge of living up to the lofty expectations of so many for the future of Children's. It was clear to me that the presidency would be a very visible and demanding role, but I don't think I was prepared, at the outset, for the intensity of the commitments it would entail. Balancing time demands was especially tough on a young family, and I am forever grateful for the understanding and support of my wife, Sharyn, and my daughters Sara, Emily, and Heather.

I suppose I also felt many of the normal apprehensions that go along with accepting major new responsibilities. For a decade I had been heavily

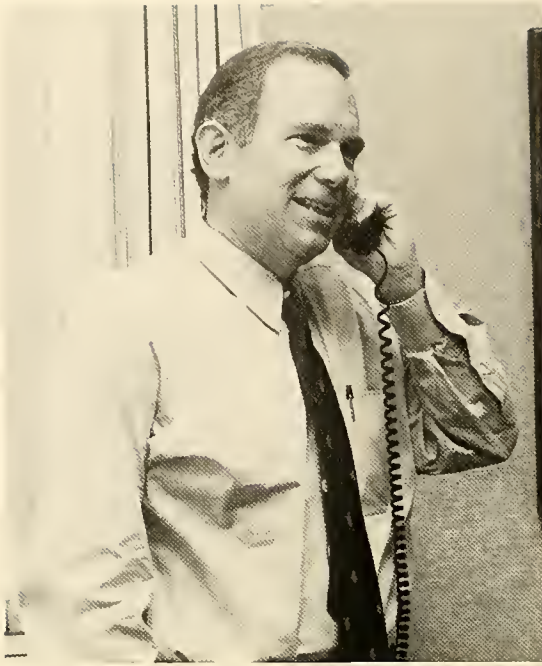
enmeshed in the day-to-day operations of Children's. Now my focus would be turning to such less familiar areas as strategic planning, institutional policy, governance, program development, and fund raising. Also as a non-physician, I remember feeling a bit anxious about whether I would be in sync with the medical staff. So thinking back, yes, I would have to say that I was nervous, but more than that, I was tremendously energized by the challenges ahead. In fact, I recall unveiling a set of institutional goals and initiatives that might make even President Clinton pale! The good thing about being young is that you're not experienced enough to know that you can't possibly do all the things you're planning to do.

Did you get much advice from others about how to run a hospital?

I did get a lot of guidance from colleagues, trustees, and friends when I was named president. What I remember most fondly, though, was Dr. Alexander Nadas [then cardiologist-in-chief] handing me an envelope addressed to "Young David." In it was a sling shot with the advice that, given the nature of the challenge, I might need it to confront the occasional Goliath. I'm pleased to say, in retrospect, the Goliaths have not materialized internally as they have in the form of external forces, such as the move last year from a regulatory to a competitive reimbursement system. In the past 15 years I have often felt that the challenges posed by this ever-changing health care environment require something more akin to a bazooka than a sling shot.

When you look back over the past 25 years, what moments stand out most in your mind?

One of my most vivid memories early on in my presidency was the blizzard of 1978. What an incredible few days those were! Staff who made it into the hospital and those who couldn't get home pitched in and did whatever was necessary to keep the hospital running. Social workers served meals, physical therapists transported patients, administrators helped run the switchboard, lab technicians made chocolate pudding, and physicians showed movies to snowbound patients and families. I remember driving the hospital van — very slowly — shuttling people up Longwood Avenue. Then, of course, there were the dedicated



staff who worked tirelessly over many consecutive hours to meet the clinical care needs of the patients. The blizzard of '78 demonstrated the sense of teamwork and family that makes Children's such a special place. Hospital employees, staff, and volunteers turned a major disaster into a triumph of cooperation and institutional strength.

Another inspiring moment for me was the dedication of the new patient care building in 1987. I remember standing on that stage, looking out at hundreds of people who had assembled for this milestone, and thinking about how thrilling it was to be part of this historic moment and how thousands of families would benefit in the future by the supportive environment and the special kind of care that this new hospital would provide. Two months later, in a beautifully choreographed sequence, we moved hundreds of patients from the old building into the new. On moving day, I stood in one of the connectors, watching the parade of patients go by. For me, that day was the culmination of a dream.

Over the years, Children's has touched the lives of thousands of patients and families. In your role as president, do you have the opportunity to get to know the people you are serving?

Although I try to visit patients and families whenever possible, I wish I had more opportunities to be out in the hospital interacting with people. I can always count on learning a lot from the conversations I have with families and staff

around the hospital. Occasionally families will come to my office to convey in person their gratitude or their concerns about their child's situation. One day just before the holidays, for example, the father of a baby who was waiting for a transplant came to my office to talk to me and give me a sense of his family's plight. This father wanted to make sure he was doing absolutely everything he could to give his baby a chance. When I learned later that the baby did get an organ and the transplant was successful, I was overjoyed for this family and gratified by our capacity to respond. That's just one of many reasons why working at Children's is so fulfilling.

Children's has long been a leader in pediatric health care. How has this hospital managed to maintain its preeminence, and can we continue the tradition of accomplishment in the years to come?

Children's mission and values have always been the basis for answering two key questions about the quality of care and the organization itself, namely: Are we doing the right things? And are we doing them well? Using these two questions as a broad framework, we continue to seek answers to fundamental questions about how medicine will be practiced 10 or 20 years from now. Where will technology be heading, and what types of emerging technology should we offer five years from now? What do we have to do today to make sure we're setting the pace for pediatric medicine tomorrow? Such questions are enormous and the consequences far-reaching. Through the years we have answered these questions by tapping into the incredible brainpower at Children's, a practice that will keep us strong in the future.

Why have you stayed at Children's for 25 years?

That's an easy one — Children's Hospital is an incredible place. This institution has set the standard nationally — internationally — for what excellent pediatric care, research, and teaching is all about. We at Children's have never been afraid of change, and we have continuously grown and learned from our experiences. Everyone who works at Children's takes pride in knowing that the work that goes on here makes a difference in the quality of life for so many children and their families. I feel privileged to be part of this tradition and honored to be associated with the talented people who are the heart and soul of Children's.

1992 Activities and Accomplishments



Strides in Patient Care



Liver transplant patient, Lauren Lukianov, 3, with her parents, Debbie and Alexey

Surgeons conduct region's first related donor liver transplant

A surgical team at Children's performed New England's first liver transplant from a living, related donor in October 1992.

In twin procedures, a 12-member team led by Joseph P. Vacanti, M.D., senior associate in Surgery and director of Organ Transplantation, removed a triangular segment of liver from Alexey Lukianov and transplanted it into his 3-year-old daughter, Lauren, who was suffering progressive liver failure from biliary atresia.

Liver transplantation from a living, related donor capitalizes upon the special ability of liver tissue to regenerate in both donor and recipient. The procedure creates an expanded donor pool, provides the opportunity to plan the surgery in advance, and allows surgeons to intervene before an illness reaches the critical stage.

Laparoscopic removal of kidney performed by urology team

In July, urologists at Children's removed a malformed kidney from a 10-month-old infant using a laparoscope, an instrument consisting of a rod-shaped camera attached to a video monitor. The procedure, conducted by a team that included Alan B. Retik, M.D., chief of the Division of Urology, Craig A. Peters, M.D., assistant in Surgery (Urology), and Brigham and Women's surgeon Louis R. Kavoussi, M.D., marked Children's first use of laparoscopy for major urologic surgery and was only the second laparoscopic nephrectomy ever carried out on a pediatric patient.

In laparoscopic surgery, instruments are inserted and manipulated through several tiny incisions. The procedure offers many advantages over more invasive surgery, including a shorter operation, reduced hospitalization, and decreased postoperative pain.

Healthy Connections launched to combat infant mortality

The Healthy Connections program was established in February 1992 to provide Boston infants and families with health care and support services after delivery, facilitate access to pediatric primary care services, and make referrals to community services.

A collaborative effort among Children's, Beth Israel, and Brigham and Women's hospitals, and community service providers, Healthy Connections is coordinated by a medical director and staffed by a multidisciplinary and multicultural team that offers guidance and intervention services to families with newborns.

A nurse practitioner from the program contacts delivering mothers who designate Children's or the Martha Eliot Health Center as the intended primary care provider for their infants, offers training in newborn care, and ensures that a primary care appointment has been scheduled. The community interventionist ensures that appointments are kept by addressing any problems that may prevent families from obtaining primary care for their infants.

Healthy Connections is one of a number of citywide infant mortality initiatives developed to ensure that infants born to Boston's families receive regular health care and related services.

Stereotactic radiosurgery, radiotherapy facility opens

The Joint Center for Radiation Therapy and the Department of Neurosurgery opened the first stereotactic radiosurgery and radiotherapy facility in the country June 1, offering improved treatment for pediatric brain tumors.

The facility features an image-planning laboratory and a stereotactic linear accelerator. The image-planning laboratory uses computed tomography, magnetic resonance imaging, and three-dimensional angiography to precisely locate a tumor. The linear accelerator then allows radiation to be targeted directly to the site of the tumor, minimizing damage to adjacent healthy tissue.

The Joint Center for Radiation Therapy is a collaborative program comprised of Children's, Beth Israel, Brigham and Women's, and New England Deaconess hospitals, and the Dana-Farber Cancer Institute.



Nancy J. Tarbell, M.D., division chief, Radiation Oncology, treats patient Katie McDougal, 7, in the stereotactic radiotherapy facility.

Team attacks cystic fibrosis with clinical trials, research

A team of researchers and clinicians in the Division of Pulmonary Medicine over the past year has been conducting clinical trials of two drugs for cystic fibrosis (CF) patients, as well as investigating the cause of CF in laboratory studies.

RhDNase, a drug that helps break down DNA in mucus that accumulates in patients' lungs, was tested in three phases of clinical trials at Children's and several centers across the United States. The preliminary results of the trials indicate that the drug allows patients to breathe more easily and improves lung function.

Amiloride, a drug that regulates the flow of salt and water in and out of the cell, is now in clinical trials at Children's and other medical centers. This

drug is aimed at correcting the irregularity in flow of these substances, which leads to mucus build-up in the lungs. Mary Ellen B. Wohl, M.D., chief of the Division of Pulmonary Medicine, and Andrew R.A. Colin, M.D., assistant in Medicine (Pulmonary Medicine), are overseeing these trials.

Jeffrey M. Drazen, M.D., director of the Ina Sue Perlmutter Laboratory for Cystic Fibrosis Research, is leading a team conducting basic research into the cause of and potential cures for CF, including exploring gene replacement therapy techniques, using a liposome, or a manmade sphere of fat, to bind with DNA and ferry the gene into the cell.

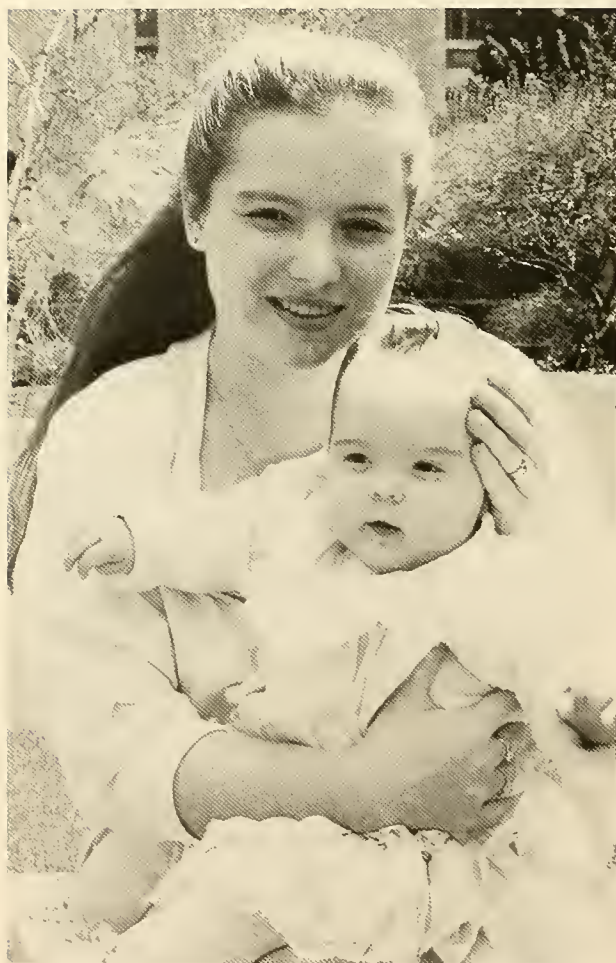
CF is a hereditary condition that causes the buildup of thick secretions in the lungs and pancreas. The secretions cause breathing and digestive problems, as well as recurrent infections that can lead to lung disease, the number one cause of death among CF patients.

Hepatology Program established for liver disease care, research

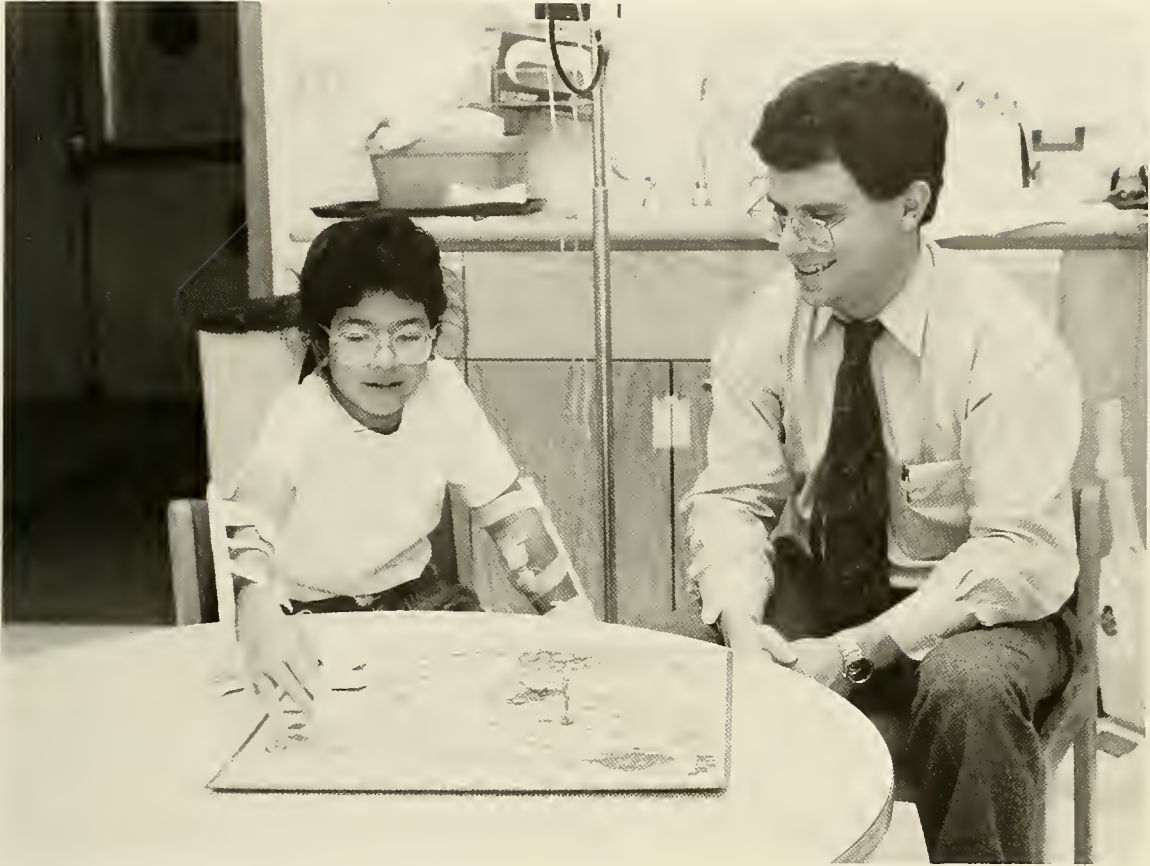
To improve patient care and research related to liver disease, Children's established a Hepatology Program in the Division of Gastroenterology/Nutrition during 1992. Children's is one of the few pediatric centers in the country with a program that is intensively exploring both new patient care methods and basic research for liver disease.

The clinical activities of the program, directed by Maureen M. Jonas, M.D., associate in Medicine (Gastroenterology/Nutrition), aims to enhance diagnosis of liver disease, explore new therapies and preventive methods, and educate patient families and the community at large about liver disease.

Joel E. Lavine, M.D., Ph.D., assistant in Medicine (Gastroenterology/Nutrition), directs the program's basic research endeavors, which include developing a method to transfer genes for patients with congenital errors of metabolism, for whom liver transplantation is currently the only treatment option. Lavine and his team are also trying to understand differences in individuals' responses to viral infection and develop new antiviral strategies.



Cystic fibrosis patient Doris Simard, 22, who participated in the amiloride study, with her daughter Jessica, 8 months



Courtney Hahn, 10, challenges Richard J. Keller, M.D., assistant in Medicine (Endocrinology), to a game during a visit to the hospital for insulin therapy.

Preventive insulin therapy examined among prediabetics

Administering insulin to individuals at high risk of developing diabetes mellitus may delay or prevent onset of the disease, according to a preliminary study completed in 1992 by researchers in the Division of Endocrinology at Children's and the Joslin Diabetes Center. Four out of five prediabetic patients injected with a prescribed course of insulin did not develop symptoms of the disease during their two to three years of participation in the study. All seven prediabetic patients who opted not to be treated with insulin developed diabetes over the course of the study.

The effort was prompted by laboratory studies indicating that supplying insulin could decrease the susceptibility of pancreatic cells to autoimmune attack, a process implicated in the onset of Type 1 diabetes mellitus. An expanded version of the study is now in progress.

Immunologists tackle primary immunodeficiency

In 1992 Children's immunologists continued to take the lead in diagnosing, treating, and exploring the genetic basis of primary immunodeficiency disorders. Involving an inherent defect in the immune system, primary immunodeficiency manifests itself in 70 different forms and afflicts 1 in 500 people.

Children's researchers identified the genetic defect in X-linked immunoglobulin deficiency. They also further explored intravenous immunoglobulin, cytokines, and other new therapies for their role in boosting overall immune function or in replacing missing constituents of the immune system, thereby decreasing the frequency of bacterial and viral infections associated with primary immunodeficiency.

Research Highlights



Katherine Vitto comforts her daughter Bridget, 14 months, in the Cardiac Intensive Care Unit after heart surgery.

Infants benefit from deep anesthesia during complex cardiac surgery

Newborns who receive deep levels of anesthesia during surgery for complex heart problems experience less stress than those who are given a light anesthetic, according to a study conducted by the Department of Anesthesia. The study, published in the Jan. 2, 1992 issue of *The New England Journal of Medicine*, also indicated that cardiac, metabolic, and infectious complications and mortality are reduced if deep anesthesia is continued for 24 hours or longer after surgery.

Forty-five neonates with congenital heart defects who required cardiopulmonary bypass surgery and hypothermic circulatory arrest were enrolled in the study, carried out by K.J.S. Anand, M.B., B.S., D.Phil., a research fellow in Anesthesia

and a clinical fellow in Medicine at the time of the study, and directed by Paul R. Hickey, M.D., anesthesiologist-in-chief, who served as director of the Cardiac Anesthesia Service at the time of the study.

Those receiving light anesthesia developed signs of stress-associated changes, including increased blood concentrations of glucose and lactate, and hormonal fluctuations. The deep anesthesia group showed none of these complications and had a decreased incidence of infection, metabolic acidosis, and coagulation disturbances.

Outcome for the two groups also differed: Four of the 15 in the conventional therapy group died postoperatively while in the Cardiac Intensive Care Unit, and there were no deaths in the deep anesthesia group.

HIV determined to cause heart problems in children

A team of Children's researchers led by Steven E. Lipshultz, M.D., associate in Cardiology, has found that human immunodeficiency virus (HIV), not the therapeutic agent zidovudine (commonly known as AZT), contributes to the abnormalities in cardiac structure and function in HIV-infected children. Anti-retroviral agents, such as AZT, previously were linked to cardiac abnormalities in HIV-infected adults. Approximately 90 percent of children infected with HIV manifest heart abnormalities, such as an oversized heart and a thinning of the heart wall.

Based on the indications of past studies, the National Institutes of Health (NIH) encouraged a "drug holiday" from AZT for HIV-infected patients with cardiomyopathy or congestive heart failure. Based on the findings of this study, which were published in the Oct. 29, 1992 issue of *The New England Journal of Medicine*, the NIH is considering changing its recommendations on the treatment for HIV-infected children.

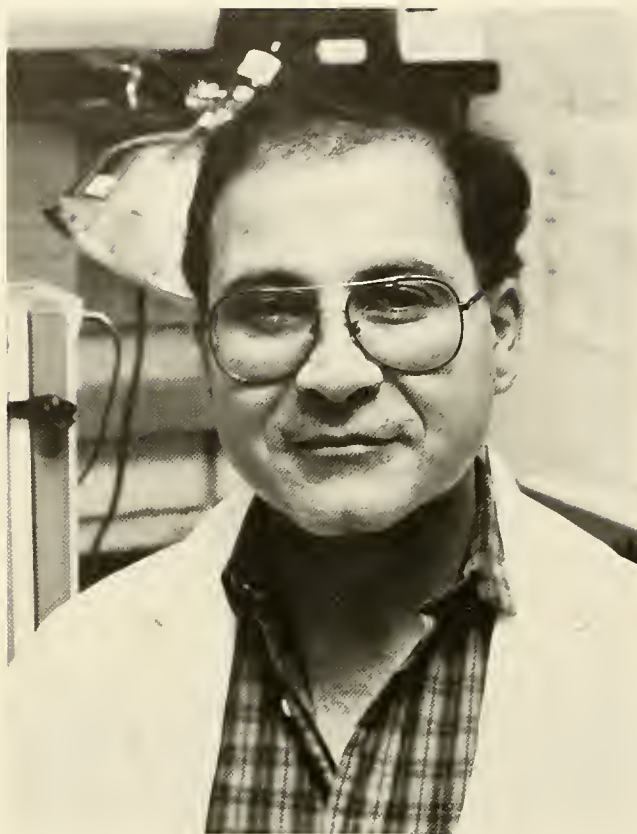
Bodily substance may prevent brain damage in stroke victims

A substance present in bodily fluids and tissues may prevent the death of brain tissue that occurs as a result of stroke, according to a joint study conducted at Children's Hospital and the University of Pittsburgh School of Medicine.

Published in the June issue of the *Journal of Neuroscience*, the study suggests that this substance, called pyrroloquinoline quinone (PQQ), modifies the functioning of a receptor for the chemical glutamate, which accumulates in the brain during a stroke and is responsible for the death of neurons in the brain. In laboratory experiments, the researchers demonstrated that PQQ prevented neuron death by reducing electrical impulses produced after activating the glutamate receptor.

The study was conducted by Paul M. Gallop, Ph.D., director of the Laboratory of Human Biochemistry, and Paul A. Rosenberg, M.D., Ph.D., assistant in Neurology, at Children's, and Elias Aizenman, Ph.D., of the University of Pittsburgh.

Other Children's studies of PQQ are exploring its potential role in treating conditions that afflict premature babies, and cause neurodegenerative conditions and inflammatory disorders in adults. In 1989 Gallop's laboratory determined that PQQ is present in mammalian fluids and tissues, including milk and colostrum.



Raif S. Geha, M.D.

Study shows NutraSweet™ not linked to allergic reactions

Aspartame, more commonly known as NutraSweet,™ does not cause allergic reactions when consumed, according to a study completed this year and directed by Raif S. Geha, M.D., chief of the Division of Immunology. The study, carried out at six medical centers in the United States and Canada, was conducted in response to consumer complaints of hives and swelling thought to be associated with the sweetener.

Twenty-one individuals who had claimed to develop allergic reactions after consuming aspartame were enrolled in the study, which took place between 1987 and 1991. Participants received aspartame and placebo alternately over a five-day period.

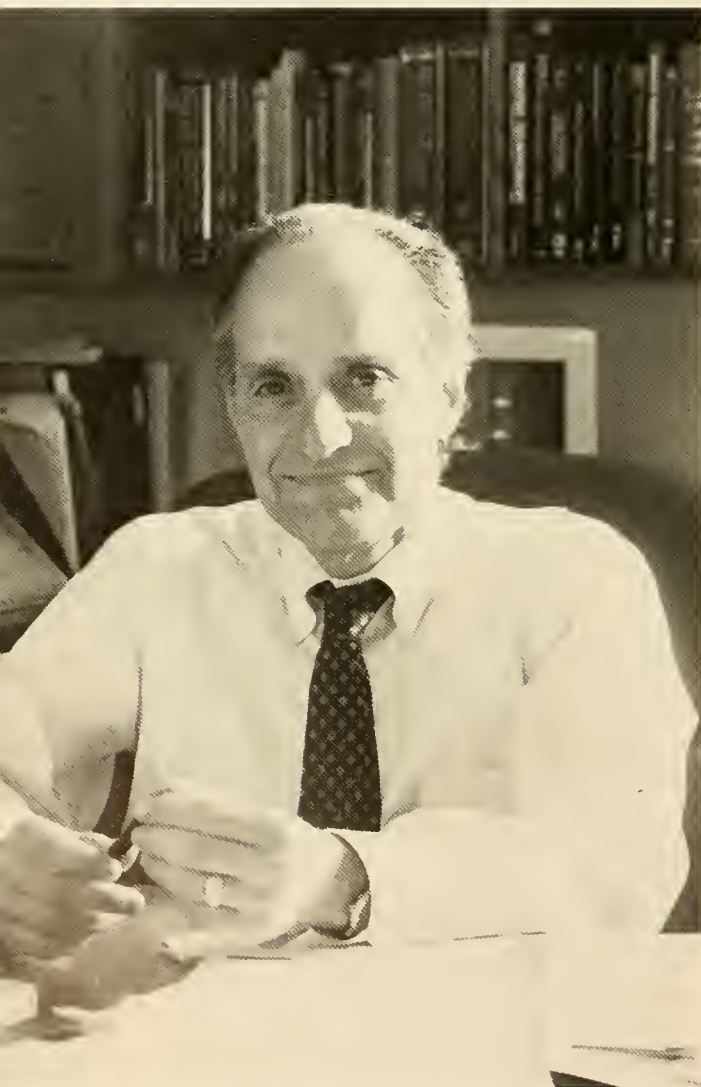
The results of the study indicate that there is no statistically significant difference in the occurrence of allergic reactions or other adverse side effects when aspartame is compared with placebo.

NutraSweet,™ produced by The NutraSweet™ Company of Deerfield, Ill., which funded the study, is a sweetener commonly found in carbonated soft drinks, light yogurt, ice cream, and other products.

Hospital establishes center to study neonatal brain injury

The Center for the Prevention of Neonatal Brain Injury and Subsequent Handicap was established by the Department of Neurology in 1992. Funded by a \$250,000 pledge from the William Randolph Hearst Foundation, the multidisciplinary clinical research program is dedicated to using state-of-the-art, noninvasive technologies to study newborns at risk for brain injury.

Directed by Joseph J. Volpe, M.D., neurologist-in-chief, the center conducts research investigating the causes and timing of brain damage, focusing on infants at highest risk of injury: premature newborns, infants with congenital heart disease, and infants requiring extracorporeal membrane oxygenation.



Joseph J. Volpe, M.D.



Paul H. Wise, M.D.

Harvard collaborative created to address infant mortality

The Harvard Institute for Reproductive and Child Health was established in 1992 to develop cross-disciplinary research and educational programs to prevent infant mortality, and to support community efforts that address women and children's health issues.

Directed by Paul H. Wise, M.D., assistant in Medicine (Newborn Medicine), the institute is dedicated to investigating the causes of infant mortality and child health problems, and identifying solutions. The institute is comprised of faculty from Children's, Beth Israel, and Brigham and Women's hospitals, the Joint Program in Neonatology, Harvard Medical School, and the Harvard School of Public Health.

Institutional Highlights

Children's launches effort to improve service, reduce costs

Responding to changes in the health care environment in Massachusetts, in the spring of 1992 Children's introduced Operations Improvement, an initiative designed to help the hospital evaluate its operations and identify opportunities to improve effectiveness and reduce costs. The goals of the program included enhancing hospital operations; improving responsiveness to patients and referring physicians; simplifying interactions with third-party payors; improving price competitiveness; and making Children's a more desirable workplace.

The program involved analyzing hospital operations, establishing service and financial targets, and setting up task forces, comprised of employees throughout the institution, to generate ideas for improving services and reducing costs. The task forces evaluated hundreds of suggestions, offered by task force members as well as other employees and staff, and made recommendations to the Steering Committee. Approved recommendations are currently being implemented.

One of the most significant changes involves developing a more integrated care delivery model. Under this model, care will be more efficiently coordinated from admission through discharge, unit-based work processes will be simplified, and clinical and nonclinical services will be decentralized. Eileen M. Sporing, M.S.N., R.N., formerly vice president for Nursing, has been named vice president for Patient Services, and will facilitate the development of this model and assume responsibility for the Social Work, Patient Activity, Physical and Occupational Therapy, Central Processing, and Utilization Review departments.

Children's, Beth Israel plan to open satellite center in Lexington

During 1992, Children's Hospital and Beth Israel Hospital signed an agreement to jointly own and operate an ambulatory center in Lexington that will offer both pediatric and adult care. The Children's-Beth Israel facility, which will open in the fall of 1993 and be located in a renovated building at 482 Bedford St., will expand on the services offered at Children's Specialty Care Center.

The Specialty Care Center has been providing specialty pediatric services to the Lexington area since September 1989.

Children's will continue to offer a broad range of specialty care services and physical therapy in Lexington. The new facility will also feature a surgery center that will provide day surgery and procedures such as infusions. Improved diagnostic services will include a clinical laboratory and expanded radiology services.

Beth Israel will offer primary care services as well as specialty care such as obstetrics and gynecology services.



Teacher's aide Anne Brenman assists Katie Horan, 7, at the CECC.

Extended Care Center marks 20 years of dedicated care

In May, Children's Extended Care Center (CECC) marked its 20th year of dedication to providing a higher quality of life to children, adolescents, and young adults from around New England with severe disabilities. The anniversary was celebrated with a program on the grounds of the Groton facility.

CECC offers its 71 residents 24-hour nursing care; medical care; intensive educational, occupational, and physical therapy; and vocational training. The skilled nursing facility is one of only four such private pediatric facilities in Massachusetts.



Paul Babin of Easton, Mass., donates platelets for the new HLA-Matched Platelet Program.

Blood Donor Center offers computerized platelet program

In May, Children's Blood Donor Center began a Human Leukocyte Antigen (HLA)-Matched Platelet Program, creating a computerized registry of typed platelet donors to better serve the needs of patients who require this specialized blood product.

Patients with conditions such as leukemia and aplastic anemia require HLA-matched platelets because they sometimes develop antibodies that cause rejection of unmatched, transfused platelets. An HLA match — when three of the 10 antigen groups of the donor match those of the patient — occurs in only one of 100 cases.

Hospital linkage funds support special housing in the Fenway

Linkage money from the addition to Children's John F. Enders Pediatric Research Laboratories, which was completed in June 1990, helped to renovate a 14-room house in the Fenway for individuals with special health care and financial needs in 1992.

The Fenway Community Lodging House, located at 57 Hemenway St., opened its doors in the spring to four individuals with immunological disorders, three with mild psychiatric disorders, and seven single, low-income residents. The house is part of a project to develop 90 single-occupancy units in Boston. The project is directed by the Single Room Occupancy Collaborative, a consortium of the Boston Citywide Land Trust, the AIDS Action Committee, the Metro Boston region of the Department of Public Health, and four community development corporations.

The City of Boston requires institutions constructing facilities larger than 100,000 square feet to pay a linkage fee to help sustain affordable housing in the city. Children's requested that the Enders Building linkage money be used in the Fenway neighborhood. The linkage money also supported the Children's Hospital Fenway Collaborative Program, which provides job training and educational opportunities for students at Fenway Middle College High School.

Children's implements Patient Self-Determination Act

In December 1991, Children's instituted policies to inform competent adult patients about their right to designate an agent to make health care decisions for them should they become incapacitated. The agent would be responsible for making all medical decisions, including those involving life-sustaining medical treatment, in accordance with the agent's assessment of the patient's wishes. These policies comply with the federal Patient Self-Determination Act and the corresponding Massachusetts Health Care Proxy Act.

Staff in the Admitting Office are responsible for educating every competent patient age 18 or older about the Patient Self-Determination Act and providing forms that must be signed to designate an agent.

Hospital Archives Program established to preserve history

Children's Hospital began an Archives Program in 1992 to help collect, preserve, and organize the various materials that document the history and tradition of the institution.

Establishing the hospital Archives will help ensure that Children's historical records, including correspondence, photographs, administrative documents, and records documenting patient care, research, and teaching activities at the hospital, are maintained and preserved. The Archives is a repository and resource for information that can be used to develop institutional plans, illustrate articles and lectures, and celebrate departmental and institutional anniversaries.

In addition to documenting Children's history, the Archives provides a historical record of pediatric medicine, nursing, and social and local history.

Congressional staffers attend Medical Preceptorship Program

In April, Children's Hospital hosted a Medical Issues Preceptorship Program, designed to educate congressional staffers about pediatric hospitals and the special health care needs of children. Five congressional staff members participated in a two-day program at Children's, which included lectures and tours of the hospital.

Preceptees included Jayne Fitzgerald, J.D., a member of the tax staff of the House of Representatives Committee on Ways and Means and adviser to its chairman, Rep. Dan Rostenkowski (D-Ill.); Debbie Chang, legislative assistant to Sen. Donald Riegle Jr. (D-Mich.), a member of the Finance Committee and chair of its Subcommittee on Health for Families and the Uninsured; and JoAnne Cunningham, legislative assistant to Rep. Edward J. Markey (D-Mass.), a member of the Energy and Commerce Committee, which oversees the Medicaid program. Other preceptees were Bea Grause, R.N., J.D., legislative assistant to Rep. Joseph P. Kennedy (D-Mass), who represents the eighth congressional district, which includes Children's; and Dave Recker, M.D., senior medical adviser to Rep. Carl Pursell (R-Mich.), ranking Republican member of the Labor and Health and Human Services Committee, part of the Appropriations Committee, which sets the funding parameters for the National Institutes of Health.

Part of the hospital's ongoing government relations efforts, the program was coordinated by Children's Government and Community Relations Office, and funded by the Council of Medical Specialty Societies, an organization that represents all of the medical specialty organizations.

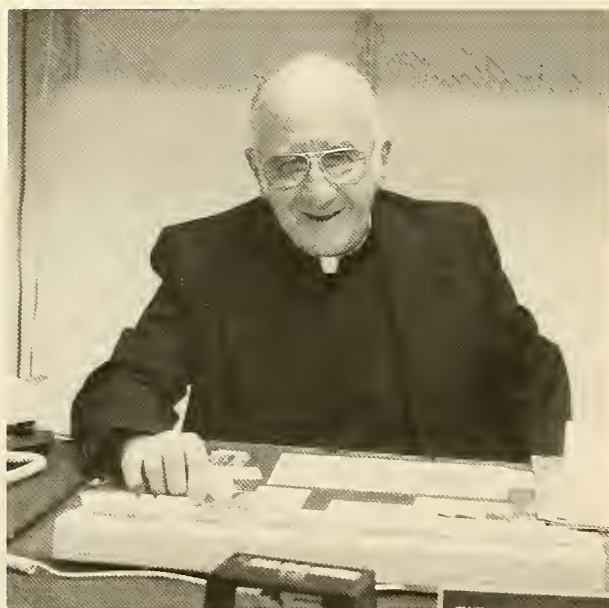


Congressional staff members who participated in the Medical Issues Preceptorship Program: front, from left, Dave Recker, M.D.; Jayne Fitzgerald, J.D.; Debbie Chang; and JoAnne Cunningham. Children's staff members who met with participants, rear, from left, William G. Bithoney, M.D., associate chief of General Pediatrics and director of the Comprehensive Child Health Program; Laurie Cammisa, director of Government and Community Relations; and Judith S. Palfrey, M.D., chief of the Division of General Pediatrics

Children's becomes smoke free

Children's officially became a smoke-free institution in January 1992 as a result of a policy that eliminated a smoking room adjacent to the Main Cafeteria and permits smoking in only two designated areas outside the hospital. The smoke-free policy was implemented as part of the hospital's commitment to promoting good health and maintaining a healthful environment for patients, parents, staff, and visitors.

This policy complies with guidelines from the Massachusetts Department of Public Health and the Joint Commission on Accreditation of Healthcare Organizations.



Father George C. Gardner, C.S.S.R.

Father George Gardner marks 50 years in religious service

In 1992 Father George C. Gardner, C.S.S.R., celebrated his 50th anniversary of religious life in the Redemptorist Order. In honor of this anniversary, a festival mass recognizing Father George's many contributions to Children's Hospital was held at Mission Church in Boston. Former Children's patients participated in the liturgy, along with Joseph P. Vacanti, M.D., senior associate in Surgery and director of Organ Transplantation, and Eileen M. Sporing, M.S.N., R.N., vice president for Nursing.

Throughout the past decade, Father George has provided spiritual support to thousands of children, families, and staff at Children's. During his tenure at the hospital, the chapel has been extensively renovated, and religious services for patients and their families have been expanded.



Joseph M. Sceppa, R.Ph., M.S.

Children's takes lead in medication error campaign

Pharmacists at Children's are working with a national hospital purchasing collaborative, Premier Hospitals Alliance, Inc., and more than 100 teaching hospitals nationwide, to find ways to reduce the risk of medication errors. Joseph M. Sceppa, R.Ph., M.S., director of Pharmacy at Children's, has served since 1990 as director of Premier's Pharmacy Program, which has directed the medication error initiative.

Among the improved techniques resulting from this initiative are clear, easy-to-read product labeling and packaging, standardization of notations, and the development of a database that allows health care workers to access information about drugs they may consider prescribing. The initiative is also working to encourage drug companies to produce and test drugs in doses appropriate for the pediatric population.



The building at 1295 Boylston St. undergoes renovations.

Renovations improve facilities for patient families, employees

Space within the hospital was renovated during 1992 to improve and expand services for patients and families in the Comprehensive Child Health Program (CCHP); the Cardiology, Pathology, and Physical and Occupational Therapy departments; the Blood Donor Center; and the Fegan Building. Renovations also took place at 1295 Boylston St., which is being converted into office space for several hospital departments, scheduled to relocate to the building in the summer of 1993.

In April, CCHP relocated from the first floor of the Hunnewell Building to a 9,500-square-foot space on the building's ground floor. Accessible from the hospital's driveway, the new space includes two waiting areas, a window-lined play area, 21 large examination rooms, and a suite of offices.

The Cardiology Department moved to newly renovated space on the second floor of the Farley and Bader buildings, which is closer to the cardiology outpatient programs. The Pathology

Department, located on the basement and first floors of the Bader Building, was completely renovated and now has updated equipment and new offices. The Physical and Occupational Therapy Department consolidated offices and therapy rooms in renovated space on the sixth floor of the Bader Building, enhancing treatment facilities for patients and families and improving the work environment for staff.

In September, the Blood Donor Center moved from the ground floor of the Hunnewell Building to a new two-floor facility in the Pavilion Building next to the Main Entrance. The new center is more visible, readily accessible to donors, and has new equipment and expanded services.

Renovations in the Fegan Building took place throughout the year, including the installation of new elevator cabs, a handicapped-accessible bathroom, new sprinkler and fire alarm systems, ceilings, lights, and carpets. Also, all waiting room furniture was reupholstered, and all public walls were repainted.

Medical Staff News



Donald R. Kirks, M.D.

Kirks joins Children's staff as radiologist-in-chief

Donald R. Kirks, M.D., joined Children's medical staff as radiologist-in-chief July 1. Kirks came to Children's from the Children's Hospital Medical Center in Cincinnati, where he had served as director of the Department of Radiology and as a professor of Radiology and Pediatrics at the University of Cincinnati College of Medicine since 1986. He succeeded John A. Kirkpatrick Jr., M.D., who had served as Children's radiologist-in-chief since 1974.

Kirks' clinical research includes applications of computed tomography, evaluation of chest masses, and emergency chest radiology of infants and children. His research related to abdominal imaging includes integrated imaging of renal and abdominal masses, air reduction of intussusception, and evaluation of common pediatric abdominal emergencies.

Kirks, a native of Fort Worth, Texas, is a graduate of Rice University and received his medical degree at Washington University in St. Louis. He served his residency in diagnostic radiology at the University of California Medical Center in San Francisco and was a fellow in pediatric neuroradiology and special procedures at the Hospital for Sick Children in Toronto.

Hickey appointed anesthesiologist-in-chief

Paul R. Hickey, M.D., was named Children's anesthesiologist-in-chief effective July 1, succeeding the late Milton H. Alper, M.D., who had served as chief of the department from 1980 to 1991.

A member of the hospital's Department of Anesthesia since 1981, Hickey served as director of the Cardiac Anesthesia Service from 1986 to 1992 before assuming the role of chief. He is a member of several National Institutes of Health-funded multidisciplinary teams investigating the neurologic effects of procedures involved in cardiac surgery.

Hickey received his bachelor's degree from Yale University and his medical degree from Columbia University. After completing a research fellowship at the National Heart, Lung, and Blood Institute, he completed his residency in anesthesia at Massachusetts General Hospital and was a fellow in anesthesia research at Harvard Medical School.



Paul R. Hickey, M.D.



Orah S. Platt, M.D.

Platt named director of Clinical Laboratories

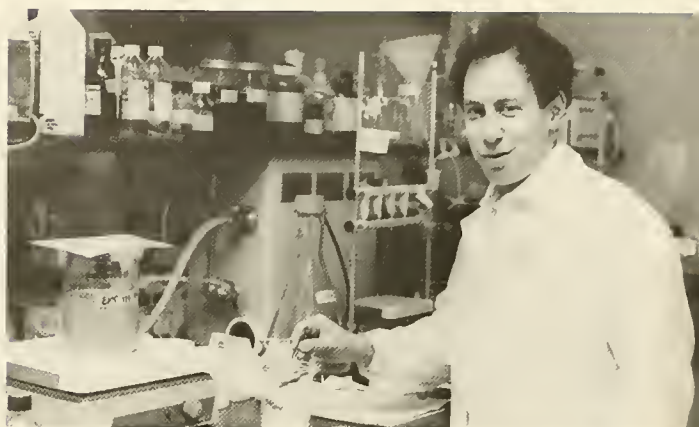
Orah S. Platt, M.D., senior associate in Medicine (Hematology/Oncology), was appointed director of Clinical Laboratories effective May 1. In this position, Platt oversees all functions of 11 Clinical Laboratories, which provide diagnostic services for the hospital. She succeeds Joseph B. Alpers, M.D., Ph.D., who retired after serving the hospital for more than 20 years.

Medical director of the Clinical Hematology Laboratory from 1987 to 1992, Platt is widely recognized for her work related to sickle cell disease.

Langer, Orkin named to national scientific organizations

Two members of Children's staff were elected in April to the National Academy of Sciences (NAS) and the academy's affiliate, the Institute of Medicine, two of the most prestigious scientific organizations in the United States.

Robert Langer, Ph.D., research associate in Surgery, was elected to the NAS for his achievements in understanding the properties of synthetic polymers and designing controlled-release drug



Robert Langer, Ph.D., above, and Stuart H. Orkin, M.D.

delivery systems based on polymer matrices. His discoveries are being used clinically to treat certain forms of cancer, and are expected to aid in the development of vaccines and the treatment of diabetes, brain tumors, and other conditions for which traditional forms of drug administration are inadequate.

Stuart H. Orkin, M.D., senior associate in Medicine (Hematology/Oncology), was elected to the Institute of Medicine for his work in identifying the genes responsible for thalassemia, a deadly form of inherited anemia, and for chronic granulomatous disease (CGD), a rare defect in which infection-fighting white blood cells are disabled. His findings related to CGD contributed to the Food and Drug Administration's approval in December 1990 of gamma interferon therapy for patients with CGD. Orkin was elected a member of NAS in 1991 for his original research.

The NAS is a private, nonprofit organization that advises the United States government and scientific community on matters of science and technology. The Institute of Medicine, one of four organizations affiliated with the NAS, conducts studies of policy issues related to health and medicine.



Ann R. Stark, M.D., cares for Damon St. Louis, 3 months.

Stark heads clinical neonatology

Ann R. Stark, M.D., senior associate in Medicine (Newborn Medicine) and chief of the Neonatal Intensive Care Service, was appointed clinical director of the Joint Program in Neonatology (JPN) effective Jan. 1, 1992.

The position establishes Stark as the principal leader for all JPN patient care activities and clinical programs. The JPN is a collaborative program among Children's, Brigham and Women's, and Beth Israel hospitals.

Folkman recognized with four awards for angiogenesis

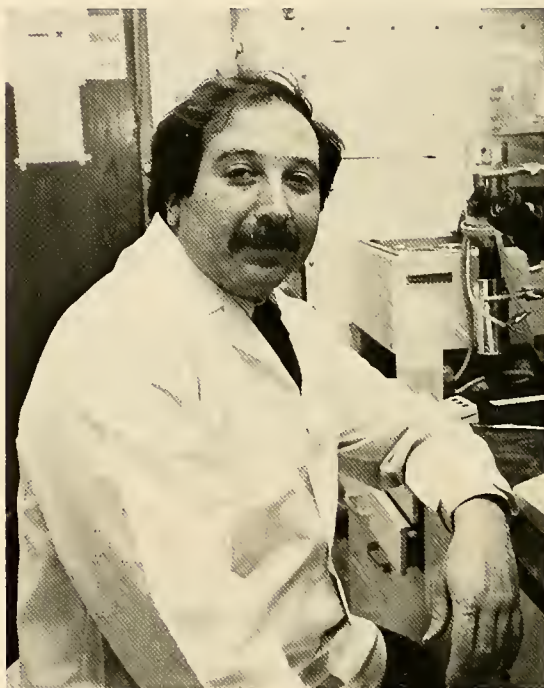
Judah Folkman, M.D., senior associate in Surgery and director of Children's Surgical Research Laboratories, received four prestigious awards in 1992, recognizing his groundbreaking research in angiogenesis. The Christopher Columbus Discovery Award in Biomedical Research was awarded by the National Institutes of Health and Italy's Christopher Columbus Medical Society for Folkman's outstanding contributions to biomedical research. This one-time honor, established by Congress in observance of the 500th anniversary of Columbus' first voyage to the New World, was awarded to 15 researchers worldwide.

In April, Folkman received the 3M Life Sciences Award from the Federation of American Societies for Experimental Biology (FASEB), after delivering a special lecture on angiogenesis at FASEB's conference in California.

In May, Folkman was presented with the Wolf Prize in Medicine by the Wolf Foundation of Israel, considered Israel's highest medical honor. The

award recognizes Folkman's discoveries in the field of angiogenesis research.

Folkman also received the Mike Hogg Award presented by the Mike Hogg Fund and the University of Texas M.D. Anderson Cancer Center. The award is presented to physicians and scientists who have made outstanding contributions in their fields and to support medical research and education.



Alfred I. Geller, Ph.D.

Geller receives Burroughs Wellcome Fund Scholar Award

Alfred I. Geller, Ph.D., research associate in Medicine (Endocrinology), was named the recipient of the Burroughs Wellcome Fund Scholar Award in Experimental Therapeutics for 1992. Of 32 applicants across the country, Geller was the sole winner of the award that includes a \$350,000 grant, which will be distributed over a five-year period.

The award will support Geller's research into gene therapy for Parkinson's disease. Geller and his research team have developed a vector system, which uses a mutant herpes simplex virus to ferry into brain cells genes that encode enzymes responsible for synthesizing a neurotransmitter called dopamine. Dopamine has been found to be deficient in patients with Parkinson's disease, a progressive nervous disorder characterized by tremor and weakness of resting muscles.



Young Investigator Award recipients, Michael L. McManus, M.D., and Catherine A. Chapman, M.D.

Young Investigator honors presented to two researchers

Catherine A. Chapman, M.D., assistant in Neurology, and Michael L. McManus, M.D., assistant in Anesthesia and associate director of the Multidisciplinary Intensive Care Unit, both received a two-year Young Investigator Award in 1992.

Chapman is the first clinical investigator to receive a Young Investigator Award from the National Neurofibromatosis Foundation for research in neurofibromatosis, a genetic disease that results in the development of tumors on nerves. Chapman's project, "Risk Factors for Learning Disabilities in Children with Neurofibromatosis," examines neurobehavioral patterns in children with the disease.

McManus was honored by the Foundation for Anesthesia Education and Research for his study on brain volume regulation. His project, "Cellular and Molecular Physiology of Brain Volume Regulation," involves investigating the brain's reaction to head injuries and osmotic disturbances that cause brain swelling.

Walker appointed first Taff Professor in Nutrition

W. Allan Walker, M.D., chief of Children's Division of Gastroenterology/Nutrition and director of the Harvard Combined Program in Gastroenterology/Nutrition at Children's and Massachusetts General hospitals, was named the first Conrad Taff Professor in Nutrition in January 1992. The professorship supports research seeking to determine the optimal nutritional needs of children throughout their growth and development.

Walker was named the Taff professor in recognition of his many contributions to research and treatment of childhood gastrointestinal disorders. Walker's studies have assisted in the understanding of chronic diarrhea, intestinal allergies, gastroesophageal reflux (inability to keep food down), and intestinal disease caused by bacterial toxins.

The Conrad Taff Professorship in Nutrition was established to support research and educational efforts related to nutrition at Harvard Medical School and its affiliated institutions.

Neutra appointed to two Harvard positions

Marian R. Neutra, Ph.D., research associate in Medicine and director of the Gastrointestinal Cell Biology Laboratory in the Harvard Combined Program in Gastroenterology/Nutrition at Children's and Massachusetts General hospitals, was appointed master of the William Bosworth Castle Society at Harvard Medical School July 1. The Castle Society is one of five societies responsible for overseeing the New Pathway, a curriculum that emphasizes small-group, problem-based learning and focuses on the self-directed learning skills that are crucial to physicians throughout their work.

In conjunction with her appointment as Castle Society master, Neutra was also named the first Ellen and Melvin Gordon Professor in Medical Education at Harvard Medical School. The professorship was established "to support and improve medical education at Harvard Medical School."



Marian R. Neutra, Ph.D.



Joseph M. Carrillo, M.D.

Carrillo named first recipient of Dyson Fellowship at Children's

Joseph M. Carrillo, M.D., assistant in Medicine (General Pediatrics), was named the first recipient of the Dyson Fellowship, established this year at Children's. The two-year fellowship, which began July 1, was created to support physicians who are interested in influencing public policy and clinical research in pediatrics.

Carrillo's fellowship involves participating in assessing primary care sites throughout Massachusetts, and determining a plan for improving the delivery of primary care and the allocation of resources to underserved areas.

In addition, Carrillo is also helping to develop the parameters for the fellowship, which will assist future fellows in affecting legislation related to pediatric health care policies.

Nursing Staff News



Ten North Partners in Care team members, including, from left, George Veradt, unit assistant, Barbara Driscoll, R.N., staff nurse II, and Lisa Larsen, nursing assistant, care for Lisa Moruna, 9.

Partners in Care model implemented on all units

Partners in Care, the hospital's inpatient care delivery model, was fully implemented during 1992 on all inpatient units. Initiated in 1990 on 10 North, the Orthopaedic and Otolaryngology Unit, and gradually implemented on other inpatient units, the model is designed to cultivate a unit-based, team approach to patient care by redefining and reallocating tasks with the departments of Nursing, Pharmacy, and Environmental Services.

This reassignment of tasks will allow nursing staff more time to be involved in direct patient care. Each team continues to define staff roles and conduct multidisciplinary training sessions.

Nursing Department establishes distinguished lecture series

"When the World Shatters: A Child's Healing after Trauma," was the title of the first Distinguished Nursing Lecture sponsored by the Department of Nursing in the fall of 1992. Madelon Vistintainer Baranoski, R.N., Ph.D., associate professor of the Child Division at Yale University School of Nursing, spoke to the audience about nursing interventions designed to facilitate healing and adaptation for children who have experienced trauma.

More than 200 nurses and other pediatric health care professionals attended the lecture, co-chaired by Martha A.Q. Curley, R.N., M.S.N., CCRN, critical care clinical nurse specialist in the Multidisciplinary Intensive Care Unit, and Wendy Ludwig, R.N., M.S.N., Staff Development Program manager. The lecture will be held annually.

Legislative group initiated

Nursing staff established the Nursing Legislative Special Interest Group to educate nurses about legislation affecting nursing practice and ways of influencing the development of legislation to benefit the profession.

Pat Pratt, R.N., staff nurse III on 7 East, and Stephanie Skoolicas, R.N.C., staff nurse III on 7 North, direct the group of 20 nurses, which meets once a month to discuss current legislative issues and to speak with individuals involved in the process.



Sheila Cayton, mother of David, presents fellowship award to Wendy Thurber Gross, R.N., M.S.

Cayton Fellowship honors Gross for work on 6 West

Wendy Thurber Gross, R.N., M.S., was named the recipient of the 1992 David Cayton Fellowship Award. The annual fellowship honors nurses who specialize in the care of bone marrow transplantation patients and provides support for continued education.

The award was established by the family of David Cayton, a Children's patient who died in 1978 at age 13 of idiopathic aplastic anemia. Gross, the 13th recipient of the fellowship, has served as the bone marrow transplant liaison between Children's Hospital and the Dana-Farber Cancer Institute since 1989, helping to coordinate pre-admission and discharge for patients on 6 West.

Mitchell named hospital ethicist

Christine Mitchell, R.N., M.S., M.T.S., in April was appointed hospital ethicist, a position that involves working with staff and families to explore ethical issues related to patient care at Children's.

Mitchell has worked in the Department of Nursing since 1981 and has served on the hospital's Ethics Advisory Committee since 1983. She co-chairs the committee with Robert D. Truog, M.D., associate in Anesthesia and associate director of the Multidisciplinary Intensive Care Unit. The committee provides educational programs on ethical issues for hospital staff, helps develop hospital policies for addressing ethical issues, and provides consultation to staff and families facing ethical concerns in patient care.



Patricia Hickey, R.N., M.S., director of Cardiovascular Nursing, left, and Aldo R. Castaneda, M.D., Ph.D., cardiovascular surgeon-in-chief, congratulate Shairs scholarship recipient Kathleen Medeiros, B.S.N., R.N.

Medeiros named recipient of annual Shairs scholarship

Kathleen Medeiros, B.S.N., R.N., staff nurse II on 6 East, was the 1992 recipient of the Joshua Tyler Shairs Cardiac Scholarship. Medeiros has worked on the Cardiology and Cardiac Surgery Unit since 1989 and is working toward a graduate degree in nursing at Boston College.

The \$1,000 scholarship, established in 1990 by the family of Joshua Tyler Shairs, a Children's cardiac patient who died in 1987, is awarded annually to a Children's employee working in one of the hospital's inpatient or ambulatory cardiac programs.

Trustee/Overseer Activities



David A. Kessler, J.D., M.D., center, chats with George H. Kidder, left, and David S. Weiner at the Annual Dinner.

Kidder elected board chairman; LaWare earns Chairman's Award

George H. Kidder was elected chairman of Children's Board of Trustees, effective Jan. 1, 1992, succeeding the Honorable John P. LaWare, who had served as chairman since 1989. Before assuming the new position, Kidder had served Children's in a number of leadership roles, including chairman of the hospital's five-year \$40 million capital campaign that ended successfully in the fall of 1990.

Also effective Jan. 1 were new trustee and overseer appointments. George W. Phillips, who had been a member of the Board of Trustees from 1977 to 1985, was welcomed back to the board, and 12 new overseers were appointed to one-year terms: Doreen Donovan Corkin, Steven Corkin, Peter Gallary, Thomas S.T. Gimbel, Steven Grossman, Pamela S. Henrikson, Diane Patrick, Mattina Proctor, Tania Gardner Smith, Cici Spaulding, Sandy Spaulding, and Kirk A. Sykes. In addition, George N. Friedlander, E. James Morton, Nancy L. Perry, and George Shapiro were named honorary life overseers.

New members of the trustee and overseer boards were introduced at the Annual Dinner May 20 at the Ritz-Carlton Hotel, and LaWare was presented the Chairman's Award in recognition of his many contributions to the hospital during his tenure on the board. Keynote speaker for the event was David A. Kessler, J.D., M.D., commissioner of the Food and Drug Administration and a former Children's research fellow.

At the annual Tour and Briefing, held in September, trustees, overseers, and donors toured the hospital and learned about new patient care and research endeavors at Children's. Guests attended presentations by three members of Children's medical staff: R. Alan B. Ezekowitz, M.B., Ch.B., D.Phil., program director for the General Clinical Research Center, talked about innovative clinical treatments under exploration in the center, located on 7 East; Judith S. Palfrey, M.D., chief of the Division of General Pediatrics, offered an overview of Children's wide-ranging community medicine programs; and Nancy J. Tarbell, M.D., division chief of the Department of Radiation Oncology, discussed advances in radiation treatment for pediatric tumors.

Volunteer Services Highlights



Volunteer Jack Stuart shares a friendly moment with 9 North patients Kristen Foberg, 8, left, and Karen Purdy, 7, during his weekly visit to the unit.

Volunteer Services expands training, patient programs

The Volunteer Services Department was active throughout 1992, training a record number of new volunteers, sponsoring monthly educational seminars, and expanding activities for patients throughout the hospital. Volunteers logged more than 75,000 hours of service to Children's.

The work of volunteers was recognized both informally and formally by exterior organizations. Bess Pappas, a volunteer for 18 years, received the 1992 Woman of Vision award from the Massachusetts Society to Prevent Blindness. In 1980, Pappas founded the Hellenic Cardiac Fund, which has assisted hundreds of Greek children with cardiac defects and other disorders in receiving treatment at Children's.

The Volunteer Services Department established a formal program of ongoing seminars for all volunteers, building upon the mandatory, four-hour orientation that each new volunteer must attend before assuming a position in the hospital. Seminars were offered monthly on a range of top-

ics pertinent to the work of volunteers, including establishing appropriate relationships with patients, using universal precautions during patient care, understanding developmental disabilities of patients, and supporting families through the bereavement process.

Also in 1992, the activity program for patients and families, held in the hospital's Patient Entertainment Center (PEC), was expanded from five to six days a week. Coordinated by the Volunteer Services Department, PEC offerings include stage performances by professional entertainers Monday through Saturday; "Children's Midday," an interactive show hosted every Tuesday afternoon by a professional performer and televised on the in-house station Channel 22; and "Children's Corner," a new Saturday morning program of storytelling, craft activities, and other events.

In November, directors of volunteer services departments from pediatric hospitals across the country toured Children's as part of an annual educational conference they attended in Boston.

League Activities



Elegantly decorated trees captivate guests at the 10th annual League Festival.



Dedication, commitment of League members support patient programs, activities

During 1992, members of the Children's Hospital League energetically pursued a number of fund-raising and volunteer efforts in support of patient programs and activities.

The League's 10th annual Festival for Children's Hospital offered a weekend of holiday cheer Dec. 5 and 6 at the Westin Hotel. Decorated trees, handmade wreaths, and gingerbread houses created an enchanted forest that delighted all who passed through the Westin Hotel lobby.

This year's Gala Night, held Dec. 5, was attended by more than 850 friends and supporters of the hospital and featured an evening of cocktails, dinner, dancing, and an auction. Items auctioned to benefit Children's included ski packages, golf outings, and gifts from Henri Bendel and Tiffany & Co. Also at the Festival, WBZ-TV and Radio were recognized by the League for their support of Children's Hospital over the past



Fall collections of designers Escada and Laur  l were unveiled at the League's spring fashion show.

13 years. The Festival was coordinated for a second year by chairmen Kay Bernon, Marion Green, and Nancy Serafini.

Family Day, held Dec. 6, allowed children and parents to enjoy the Festival decorations, refreshments, and special entertainment, including visits by a local illustrator and storyteller.

In June, the League hosted a benefit fashion show featuring the fall collections of designers Escada and Laur  l. Held at the Wang Center, the show was attended by more than 300 people.

Members of the League also spent many hours working in the Jamaica Plain Thrift Shop, processing, marking, and selling donated items. Partial proceeds from the shop support programs at the hospital.

The League's annual fall open board meeting, held Oct. 28 at Children's, featured a presentation by James E. Lock, M.D., chief of Clinical Cardiology, about innovations in cardiac catheterization for treating patients with congenital heart disease. The spring open board meeting featured a panel of staff members from Patient Services, providing an inside look at how League funds are used to help patients and families at Children's.

Also in 1992 the League established an endowed fund to ensure continuation of selected patient programs the organization has long supported, including performances in the Patient Entertainment Center, the Summer Camp and Summer Garden programs, and activity carts offering arts and crafts, miniature plants, and video games for patients throughout the hospital.

WBZ-Children's Hospital Fund Highlights



Farmstand visitors take in the sights from atop a haystack.

WBZ extends support to hospital with expanded Farmstand, 10th annual Children's telethon

WBZ Radio and TV once again teamed up during 1992 to support Children's Hospital with an expanded Farmstand, multiple radio broadcasts throughout the fall, and the 10th annual telethon. Hundreds of Children's employees and supporters in the community turned out to sell produce at the Farmstand, help with auctions, answer telephones at the telethon, and handle myriad other tasks, helping to make this year's WBZ-Children's Hospital Fund drive a great success.

Kicking off the campaign was the annual Farmstand, Sept. 12, held at the Shriners' Auditorium in Wilmington and, for the first time this year, on the grounds of Wrentham State School. Joining Dave Maynard and the WBZ team in sponsoring the Farmstand was the Massachusetts Farm Bureau, which coordinated activities at the Wrentham site.

Hundreds of individuals from throughout New England arrived at the two Farmstand sites before dawn to display produce, baked goods, and crafts



BZ AM 103

Kidney patient Jordan Schneider, 4, and his father, David, talk with Dave Maynard during a live broadcast from Emerald Square Mall.



WBZ reporters Scott Wahle and Lauren Scott join in the entertainment in the Patient Entertainment Center during the telethon.

that were sold throughout the day. Highlights of the event were Dave Maynard's pancake breakfast, a chicken barbecue, hayrides, helicopter rides, and a petting zoo. Proceeds from the day totaled more than \$40,000.

During November and December, WBZ Radio continued to spread the word about Children's programs to listeners throughout New England. Fans of Dave Maynard enjoyed his appearances at malls in the Greater Boston area when he broadcast on behalf of the hospital on two Saturday afternoons and led an auction to benefit the hospital on a Sunday afternoon. In addition to ongoing programming about Children's, WBZ Radio took the Incredible Broadcast Machine on the road to area businesses, promoting "Coffee Breaks for Kids." Proceeds from the sale of coffee and pastry supported the fund.

Children's features were broadcast on several programs Dec. 11, including "People are Talking" at 12:30 p.m.; both the 5 and 6 p.m. news broadcasts; and the telethon from 8 to 11 p.m. Despite threats of the worst snowstorm in recent history, the 10th annual telethon was enormously successful as stories of Children's patients and families were told to viewers throughout the evening. During the broadcast, WBZ celebrities encouraged support for the hospital at the studios

on Soldiers Field Road, in the Patient Entertainment Center at Children's, at the CambridgeSide Galleria, and at Jordan's Furniture in Avon.

Participating once again in the campaign was New England Development, which sponsored activities at its malls in the Greater Boston area during November and December. Among the many events offered at the New England Development malls were breakfasts with Santa, a car raffle, gift wrapping, and ornament sales.

In addition, DePrisco Jewelers sold a holiday ornament that featured the hospital's logo, and Speedy Muffler contributed a portion of its receipts from brake repairs done in November and December to the fund.



WBZ personalities (from left) Bob Lobel, Jack Williams, Liz Walker, and Dave Maynard share a light moment during the telethon.

Statistical and Financial Report



Statistical and Financial Report

Statistics	1992	1991
Patient:		
Number of licensed beds	349	349
Discharges	16,562	16,373
Patient days	96,843	101,119
Average stay in days	5.85	6.18
Clinic visits	208,869	201,222
Emergency Services visits	49,146	50,585
Surgical procedures		
Inpatient	7,571	7,592
Outpatient	5,835	5,559
Total	13,406	13,151
Radiology		
Procedures performed	99,184	100,297
Laboratory tests	1,568,101	1,646,343*
<i>*restated for 1991</i>		

Personnel:

Active medical staff	649	588
Active dental staff	20	17
Associated scientific staff	195	142
Courtesy staff	272	195
House staff	602	553
Consultants	74	59
Emeriti	47	26
Clinical assistants	10	5
Visiting staff	20	10
Nursing staff	898	1,059
Other full-time employees	2,025	2,135
Other part-time employees	388	639
Volunteers	876	765

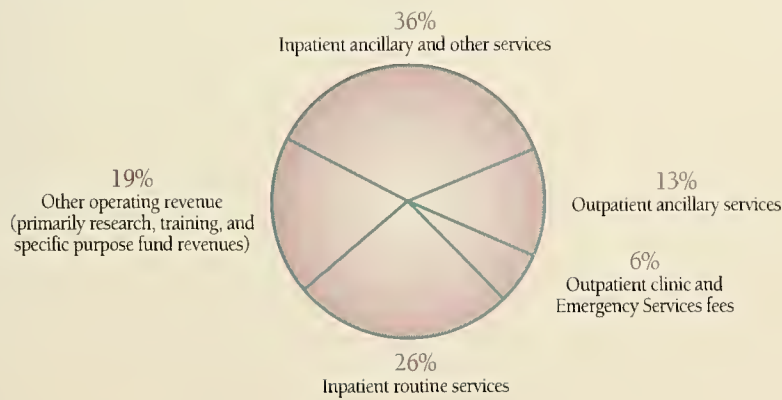
Statement of Revenues and Expenses
and funds used for capital additions years ended September 30, 1992 and 1991 (in thousands of dollars)

	1992	1991
Revenues:		
Gross patient services revenue	\$324,071	\$326,959
Deductions from patient services revenue	(80,310)	(112,563)
Net patient services revenue	243,761	214,396
Other operating revenue	88,917	86,851*
Total operating revenue	332,678	301,247

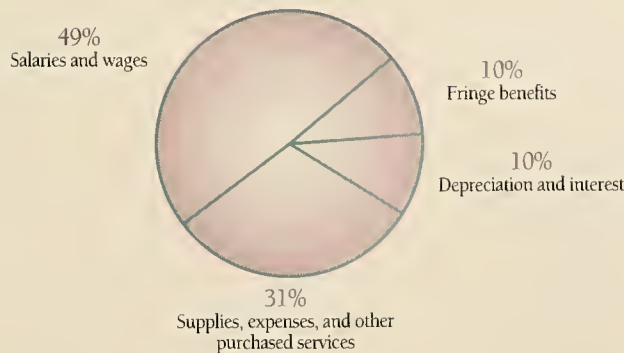
Operating Expenses:		
Salaries and wages	\$ 124,987	\$117,560*
Fringe benefits	25,109	22,288*
Supplies and expenses	71,389	69,277*
Depreciation and amortization	26,475	23,046*
Interest	7,360	7,933
Research and training expenses	44,235	41,752
Other specific purpose fund activity	25,433	25,171
Total operating expenses	324,988	307,027
Gain from patient care operations	7,690	(5,780)
Income from prior-year contractuals	28,052	15,352
Income from non-operating activities	(11,244)	0
Excess of revenues over expenses	24,498	9,572
Capital additions	\$ 29,598	\$ 32,019

**restated for 1991*

Sources of Revenues



Distribution of Expenses



Condensed Balance Sheet

years ended September 30, 1992 and 1991 (in thousands of dollars)

	1992	1991
Assets:		
General funds	\$ 9,295	\$ 11,309
Current:		
Accounts receivable, net	54,651	51,173
Inventories	2,141	2,739
Prepaid expenses	1,805	1,617
Total	67,892	66,838
Assets held in trust under long-term debt agreements	15,766	23,156
Plant, property, and equipment at cost less accumulated depreciation	227,381	224,216
Other assets	64,252	40,948
Total	375,291	355,158
Restricted funds		
Accounts receivable	16,351	11,906
Total	\$391,642	\$367,064

Liabilities and Fund Balances:

General funds		
Current:		
Current portion of long-term debt	\$ 2,246	\$ 2,513
Accounts payable and accrued expenses	61,796	53,768
Due to third-party payors	31,779	27,814
Total	95,821	84,095
Long-term debt, excluding current portion	111,937	102,165
Deferred compensation	7,054	6,576
Long-term portion of estimated third-party liabilities	14,181	35,940
Deferred revenue	12,075	13,685
Reserve for medical malpractice	7,356	7,737
Fund balance	126,867	104,960
Total	375,291	355,158
Restricted fund balances		
Specific purpose funds	16,351	11,906
Total	\$391,642	\$367,064

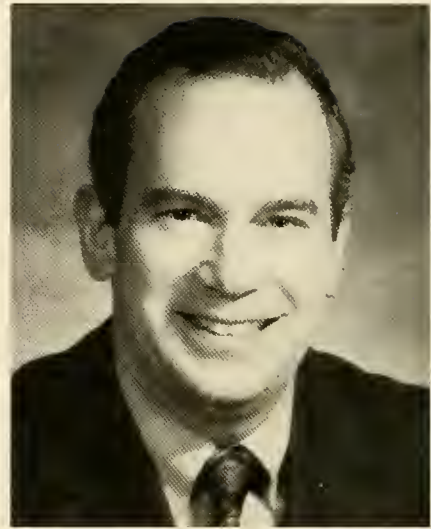
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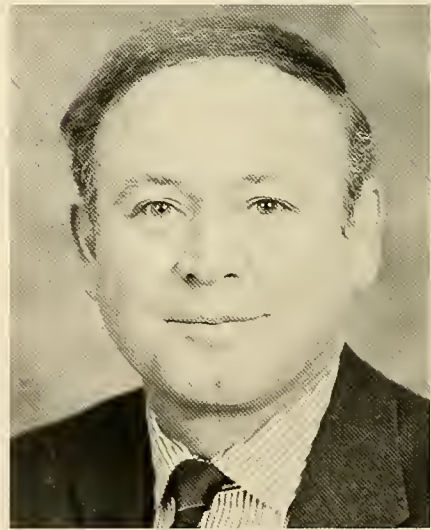
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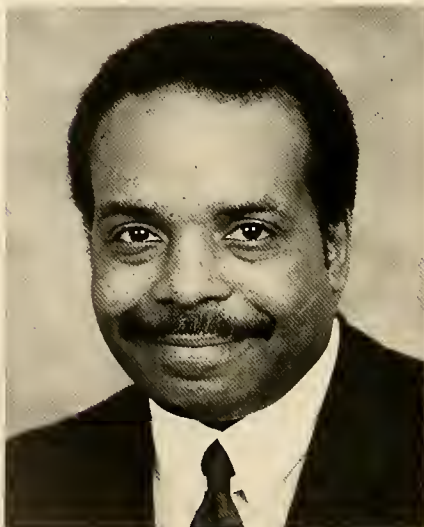
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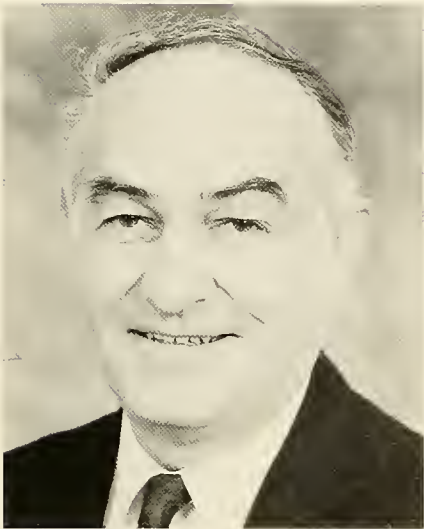
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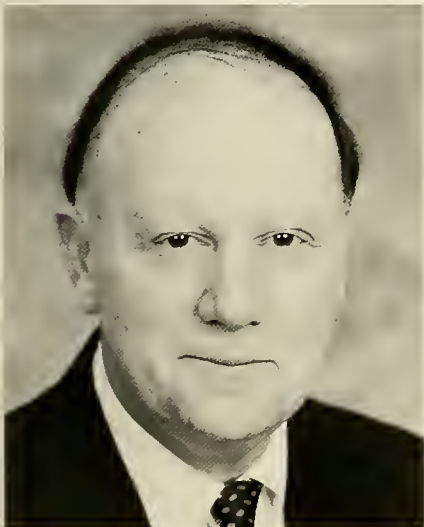
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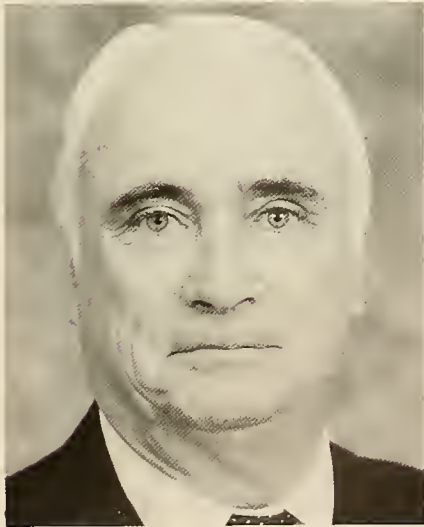
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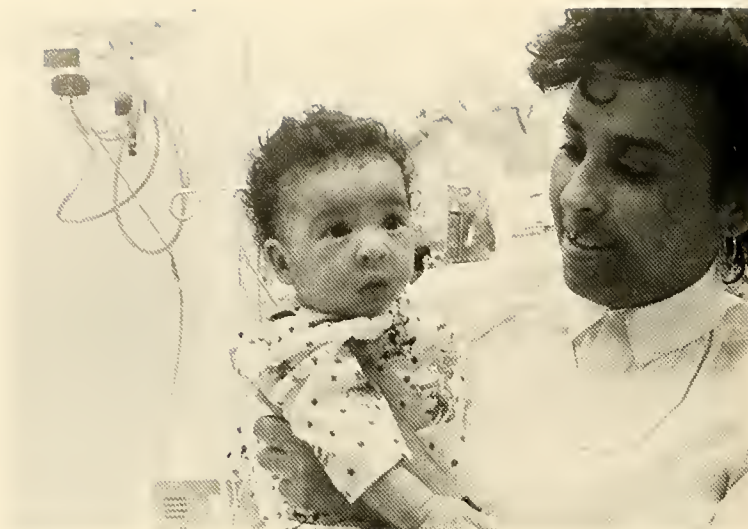
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Youth for Life

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The volunteers listed below completed 10 or more years of service in 1992.

Frances Baker, 12 years
Joseph Bassett, 19 years
Robert Begin, 15 years
Paul Casey, 11 years
Margaret Cass, 10 years
Libby Casty, 18 years
Louis Cherson, 12 years
Marian Clark, 27 years
Gaspar DeJesus, 11 years
Joanne DiSalvo, 10 years
Jane Ferris, 10 years
Clyde Forde, 10 years
Edna Mae Foreman, 15 years
Edith Franklin, 14 years
Anne Gamble, 12 years
Nancy George, 16 years
Mary Georgenes, 13 years
Helen Ginsberg, 35 years
Marilyn Goldberg, 15 years
Robert Groden, 27 years
Anne Haynsworth, 10 years
Charles Lloyd, 18 years
Dick O'Shea, 12 years
Bess Pappas, 18 years
Chris Pappas, 11 years
Mae Rosenberg, 31 years
Ruth Savel, 39 years
Sandy Selesky, 20 years
Clara Sheskey, 10 years
Lillian Shulman, 35 years
Katherine Speliotis, 10 years
Patricia Squire, 11 years
Greely Summers, 15 years
Josephine Worrell, 10 years

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Grace L. Caputo, M.D.,
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Gastroenterology/Nutrition
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Sean Czupryna, 9, of Brimfield, Mass., has spent most of his young life battling cancer. At age 2, Sean was diagnosed with acute lymphoblastic leukemia, a form of cancer that damages the body's immune function.

Through the years, Sean's parents, Diane and Walter, watched their son undergo intense chemotherapy treatments to control the spread of the disease. But the encouragement of two temporary remissions gave way to the devastation of relapse.

In early 1992, when the disease appeared for the third time, doctors told the Czuprynas that Sean's best hope lay in a bone marrow transplant. The procedure would involve powerful radiation treatments to destroy the marrow before replacing it with healthy marrow.

For a month, Sean was confined to a special room free of germs and bacteria that could harm his weakened immune system. He bravely faced each day, waiting for the time to return home, his school, and his friends.

As Sean's new marrow began to regenerate and his immune system slowly recovered, he and his uncle, a bricklayer by trade, began to make plans for Sean's "break-out" day.

Finally, after 31 days in isolation, Sean's blood counts reached a high enough level, and physicians allowed him to leave his room. With the help of Uncle Kenneth, Sean bravely helped to build a wall across the doorway of his room. Family members and hospital staff — came as a smiling Sean burst through the makeshift wall. Bricks went tumbling to the floor.

Sean is doing well now at home with his parents. Sean's brother, Kayde, 11. As a remembrance of his special challenge, on a shelf he proudly displays a single brick that Sean says is the best."

Each day, Children's offers a special kindness to help restore young lives. Please consider contributing this time. Your gift will help children like Sean overcome illnesses and look forward to a healthy life.

Children's Hospital



Your gift to Children's Hospital can make a world of difference in the life of a child.

Thank you for supporting Children's as generously as you can.



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